

Camp Sunburst

Additional Informational Form

If the participant receives or has received special services from his/her school or Board of Education, information regarding such services can be helpful to assist your child in succeeding in our program. This information is helpful in assisting your child in the Parks & Recreation program.

PARTICIPANT'S NAME: _____

Please state the participant's disability so we may work more effectively with him/her:

Please check all that apply. One on One/Personal Aid _____ Speech Therapy _____ Occup. Therapy _____ Physical Therapy _____
Special Education _____ Counseling _____
Other _____

SPECIAL EQUIPMENT Wheelchair _____ Braces _____ Hearing Aid _____ Retainers _____ Glasses _____
Other _____

Does the participant need assistance in the restroom? _____

BEHAVIOR/COMMUNICATION Does the participant have behavioral issues that need to be addressed? YES____ NO____

Describe: _____

What is the best method to address this? _____

Allergies _____

Medical Issues/Concerns: _____

Is there anything else that we should know to better serve the participant? _____
